



JIM BENNETT
COMMISSIONER

Ralph Pate
Chief Inspector
Elevator/Boiler
Safety Division

STATE OF ALABAMA DEPARTMENT OF LABOR

100 NORTH UNION STREET-SUITE 620
P.O. BOX 303500
MONTGOMERY, ALABAMA
ZIP 36130-3500

PHONE (334) 242-3460

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Application for License

Check appropriate box: Mechanic ☐ Sole proprietor ☐ Partnership ☐ Domestic Corporation ☐ Other Corporation ☐ Renewal ☐

If application is for a mechanics license provide Name, address and phone number in the space below. If a sole proprietor, the name, residence address, and business address of the applicant. If a partnership, the name and residence and business address of each partner. If a domestic corporation, the name and business address of the corporation and the name and residence address of principal officer of the corporation. If a corporation other than a domestic corporation, the name and address of a local agent who shall be authorized to accept service of process and official notices. Provide all information on additional sheets and attach to this application if necessary.

Mechanic/Inspector's Name _____
Business Name _____
Business or Applicant's Address _____
Principal Officer (if applicable) _____
Local Agent (if applicable) _____
Local Agent address (if applicable) _____
Contact Phone number _____
Applicant Social Security # (required by Federal/State law) _____

- ☐ **Class 1 – Contractors Licenses** \$300.00 initial and renewal biennially \$200.00
Covers all activities of installation, alteration, service, replacement, or maintenance. Must provide an insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage.
- ☐ **Class 2 – Limited Elevator Contractors Licenses** \$300.00 initial and renewal biennially \$200.00
All activities of installation, alteration, service, replacement, or maintenance of *platform lifts and stairway chair lifts*. Same insurance requirements as Class 1.
- ☐ **Class 3 – Elevator Mechanic** \$100.00 initial and renewal biennially Provide CEU on renewals. \$25.00 for lapsed licenses within 1 year of issuance in addition to original fee. See Rule 490-2-3-.01 for qualifications and abilities. Provide qualifying work history on back of this application.
- ☐ **Class 4 – Elevator Inspector** \$100.00 initial and renewal biennially \$100.00
Must provide an insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage. Not required for Jurisdictional Inspectors.
- ☐ **Class 5 – Limited Elevator Mechanic** \$100.00 initial and renewal biennially \$100.00 Limited to all activities of installation, alteration, service, replacement, or maintenance of *platform lifts and stairway chair lifts*. Must provide a certificate of training or equivalent from the manufacturer of each type of equipment installed, altered, serviced, replaced, or maintained. All necessary documents must accompany the application.

Number of years engaged in the business of installing, inspecting, and maintaining or servicing elevators or related conveyances. _____

Approximate numbers of persons if any to be employed by applicant. _____

Criminal record of convictions, if any as verified by the Department of Public Safety. _____

Signature _____ Date _____

(Back of License Application)
Qualifying Individual Work History
(not required for renewals)

1. Employer (current or most recent)

From	To	Job Title
Supervisor Name	Supervisor Phone #	Supervisor Address

2. Employer (previous)

From	To	Job Title
Supervisor Name	Supervisor Phone #	Supervisor Address

3. Employer (previous)

From	To	Job Title
Supervisor Name	Supervisor Phone #	Supervisor Address

Name of Applicant (print) _____

Signature of Applicant _____ Date _____